

**Utilization Review Agent Registration  
Application and Attestation**

Complete and sign this form. Submit with completed Utilization Review Registration Application Summary/Checklist (DOH-4291B), unless re-registrant attests below that there are no changes to previous application.

Check one: ☐ New application ☐ Re-registration

Name of Applicant:		
Street Address:		
City:	State:	Zip:
Name of Chief Executive Officer		
Last:	First:	Middle Initial:
Title:		
Street Address:		
City:	State:	Zip:
Phone: (       )       -	Fax: (       )       -	
<b>TAX STATUS</b> <input type="checkbox"/> Privately Held <input type="checkbox"/> Not for Profit <input type="checkbox"/> Publicly Traded-for Profit		
Federal Employer ID Number:		
<b>Attestation:</b>  I, _____ (Chief Executive Officer) subscribe and affirm as true, under penalty of perjury,  <div style="margin-left: 40px;"><input type="checkbox"/> the information included in this Article 49 application and reported to the New York State Department of Health.  <input type="checkbox"/> there are no changes to the Article 49 application as reported to the New York State Department of Health on _____. (date)  <input type="checkbox"/> the information included in this Article 49 renewal application and reported to the New York State Department of Health as amending the Article 49 application reported to the New York State Department of Health on _____. (date)</div>		
Signature:		Date: